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Bib Data Sheet

CONFIRMATION NO. 3598

<b>SERIAL NUMBER</b> 10/735,271	<b>FILING OR 371(c) DATE</b> 12/12/2003 <b>RULE</b>	<b>CLASS</b> 422	<b>GROUP ART UNIT</b> 1743	<b>ATTORNEY DOCKET NO.</b> 11333/31	
<b>APPLICANTS</b> Tomomi Sugiyama, Kobe-shi, JAPAN; <i>AL (PCW)</i>					
<b>** CONTINUING DATA *****</b> <i>NONE (PCW)</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>NONE (PCW)</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 03/23/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes, <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and <i>[Signature]</i> <i>(PCW)</i> Acknowledged Examiner's Signature Initials		<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 24	<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> 757					
<b>TITLE</b> Clinical laboratory management systems, management apparatuses, and recording media					
<b>FILING FEE RECEIVED</b> 1230	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		